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| **Emergency Overflow Shelter Application**  **PROJECT CHECKLIST** |
| **Required Forms**  Application Cover Sheet & Narrative (Word)  Project Budget (Excel workbook – make sure to complete all tabs)  Conflict of Interest Questionnaire and Limits to Primarily Religious Organizations  **Required Supporting Documents**  Articles of Incorporation and Bylaws  Federal Tax Exemption Determination Letter  Certificate of Good Standing from State of Maryland  List of Board of Directors  Project Organizational Chart (must include name, title, email, and phone for each staff position at project)  Copies of Provider’s Termination, Non-Discrimination, and Grievance Policies Provided to  Clients  Most Recent A-133 or Independent Financial Audit |

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| **Emergency Overflow Shelter Application** |
| **Organization Information** |
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| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
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| Administrative Address City, State, Zip |
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| Phone Fax Website |
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| Executive Director Name Phone Email |
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| **Contact Information** |
| Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director. |
| **Primary Contact** |
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| Name Title Phone Email |
| **Secondary Contact** |
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| Name Title Phone Email |
| **Proposal Information** |
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| Project Name Site Address (if different than administrative address) |
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| Proposal Request Total Project Budget Total Agency Budget |
| **Project Description (150 word max) -** Provide a brief overview of the program describing the population to be served, the number of people to be served, the services to be provided, and the proposed outcomes. |
| **Authorization** |
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| Printed Name Signature Date |

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| **PROJECT DESCRIPTION**  **(no more than 5 single-spaced pages)** |
| **Provide a brief description of the project scope, including the target population, number of clients served, types of services provided, frequency with which services will be provided, and the location where services will take place.** |
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| **Describe your agency’s vision for implementing a housing first approach or experience in utilizing a housing first approach. Describe how you will lower barriers to entry and during program enrollment. Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for proposed project population). Describe what strategies you will use to engage clients in voluntary services.** |
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| **Describe the achievements, program improvements, challenges, and barriers encountered during the of operation a similar program/service your organization coordinated or**  **Achievements and barriers foreseen in performance of this service** |
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| **Describe how you engage clients in organizational and program planning, policy and decision making.** |
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| **Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to clients in a cost effective way. Discuss why the service delivery model you describe will help individuals/ families maintain or regain housing stability.** |
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| **Describe specifically how participants will be assisted to increase their employment, income and benefits in order to maximize their ability to live independently. Name specific community resources/processes you link clients to.** |
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| **Describe your project’s role within the Coordinated Access system and how you are integrating Coordinated Access into daily work at your program. What specific strategies do you use to accelerate housing placements through Coordinated Access?** |
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| **Describe how you will assist clients with limited English proficiency, hearing, or visual impairments.** |
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| **ORGANIZATIONAL CAPACITY**  **(no more than 3 single-spaced pages)** |
| **Describe your agency’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures.** |
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| **Describe the organization’s leadership and management, their ability to supervise the project and staff, and the organization’s history in ensuring program effectiveness and fidelity to funding agreements.** |
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| **Describe your agency’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. Describe any auditing findings or concerns during the last 24 months as well as the resolution of each.** |
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| **Community Partnerships and Leveraging** |
| **Leveraging is a means to measure established relationships and the extent to which community resources are arranged to provide more effective and efficient services to clients across the Continuum’s partners.**  **Applicants may submit letters of support, MOUs, or other documentation of community collaborations.** |
| **Please describe your commitment to and participation in the Continuum of Care, including current level of participation in committees and initiatives.** |
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| **Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in Baltimore City in your service plan?** |
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| **Describe the extent to which you leverage in-kind donations and volunteers for the project.** |
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**CONFLICT OF INTEREST AND LIMITS TO PRIMARY RELIGIOUS ORGANIZATIONS**

*Conflict of Interest*

Applicants must avoid any conflict of interest in carrying out activities funded by Government grant dollars. Generally, this means that a person who is an employee, otherwise in a decision-making position, or has information about decisions made by the organization (such as an agent, consultant, volunteer, Board member, officer or elected or appointed official of the grantee or recipient) may not obtain a personal or financial interest or benefit from the organization’s activity, including through contracts, subcontracts, or agreements. This exclusion continues during the employee’s tenure and for one year following employment.

As part of general guidelines for the procurement of goods and services using Federal funding, organizations are required to have a “code of conduct” or “conflict of interest” policy in place that prohibits employees, officers, agents, or volunteers of the organization from participating in the decision-making process related to procurement if that person, or that person’s family, partner, or any organization employing any of the above has a direct financial interest or benefit from that procurement. In addition, these persons may not accept any gratuity, favors, or anything of monetary value from a contractor, consultant, or other entity whose services are procured for the organization. Organizations should develop standards for avoiding such apparent or potential conflicts. Such standards must include written policy that is part of the employee policies. Employees, board members and volunteers are required to sign a statement indicating that they have read the policy and will comply.

*Limits on Funding to Primary Religious Organizations*

In order to uphold the basic provisions of separation of church and state, a number of conditions apply to the provisions of funding to organizations that are primarily religious in nature. These provisions generally require that when funded under the program, the religious organization will provide services in a way that is free from religious influences and in accordance with the following principals:

* The organization will not discriminate against any employee or applicant for employment on the basis of religion, and will not limit employment or give preference in employment on the basis or religion.
* The organization will not discriminate against, limit services provided to, or give preference to any person obtaining shelter, other service(s) offered by the project, or any eligible activity permissible under the program on the basis of religion and will not limit such service provision or give preference to persons on the basis of religion.
* The organization will not provide religious instruction, counseling, religious services, worship (not including voluntary nondenominational prayer before meetings), engage in religious proselytizing, or exert other religious influences in the provision of shelter or other activities.

Requiring that a program participant attend religious services or meetings as a condition of receiving other social services at the organization (such as shelter or a meal) is not allowed under this provision. Allowing participant to choose to take part in services or meeting offered by the organization as they wish, separate from the funded activities provided, is allowable.

**CONFLICT OF INTEREST QUESTIONNAIRE**

1. Are there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is/are or has/have been within one year of the date of this application a City employee or consultant, or a member of the City Council?

Yes  No  If yes, please list the names(s) below:

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2. Will funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is/are or has/have been within one year of the date of this application a City employee, consultant, or a member of the City Council?

Yes  No  If yes, please list the name(s) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Is/are there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?

Yes  No  If yes, please list the name(s) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have answered “YES” to any of the above, a disclosure notice must be submitted to the Mayor’s Office of Homeless Services to determine whether a real or apparent conflict of interest exists.

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant’s Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Official’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fair Housing Policy & Statement of Agreement**

It is imperative that all programs tailor their program to comply with all federal, State and local laws dealing with Fair Housing. The Mayor’s Office of Homeless Services (MOHS) complies with these laws as applicable, and wishes to underscore the importance of bringing all programs into compliance. All programs funded by MOHS must comply with these regulations:

**The Fair Housing Act of 1968** ensures equal access to housing and guarantees equal opportunity without regard for race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), or disability.

**The City of Baltimore** ensures protected class status regardless of race, color, religion, national origin, ancestry, sex, marital status, physical or mental disability, sexual orientation, gender identity and gender expression.

**The Age Discrimination Act of 1975** ensures that persons cannot, on the basis of age, be excluded from participation, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

**Section 504 of the Rehabilitation Act** prohibits discrimination as it applies to service availability, accessibility, delivery, employment, and the administrative activities and responsibilities of organizations receiving Federal financial assistance. A recipient of Federal financial assistance may not, on the basis of disability:

* Deny qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
* Deny access to programs, services, benefits or opportunities to participate as a result of physical barriers.
* Deny employment opportunities, including hiring, promotion, training, and fringe benefits, for which they are otherwise entitled or qualified

**The Equal Access Rule** requires equal access to HUD programs without regard to a person’s actual or perceived sexual orientation, gender identity, or marital status. MOHS requires all grantees, regardless of funding source, to comply with these regulations.

Shelter and housing programs serving families with children and receiving funding through MOHS may not exclude children from programs on the basis of age or gender.

MOHS, in collaboration with the Housing Authority of Baltimore City, is required to maintain an ongoing Analysis of the Local Impediments to Fair Housing Choice as part of its Consolidated Plan, and must report on the progress of eliminating these impediments in the Consolidated Annual Performance and Evaluation Report (CAPER), which is submitted each spring to HUD.

A program that is not currently in compliance with these guidelines must present a clear timeline demonstrating how their agency is actively engaged in a process to correct their adherence to these regulations. An agency that substantiates such a timeline for corrective action may be issued a performance-based contract that may be terminated within 6 months if compliance or satisfactory progress toward compliance is not met.

The purpose of this Notice and requirement is that it be signed ONLY when Fair Housing Law as applicable. Nothing in this Notice shall be read, in any way, to suggest that other federal, state or local laws are not applicable to any program funded under this RFP.

**Statement of Agreement**

By signing this policy, I (Authorized Representative), as the authorized representative for (Project), agree that our project will comply with the stated regulations and laws in the delivery of services provided to clients. I understand that if the project is found to be in non-compliance with these regulations, that the Mayor’s Office of Homeless Services will take corrective action up to and including termination of funding.

**Name of Agency:**

**Name of Applicant’s Authorized Representative:**

**Authorized Representative’s Title:**

**Signature of Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing First Agreement**

Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

The Housing First approach is rooted in these basic principles:

* Homelessness is first and foremost a housing problem and should be treated as such
* Housing is a right to which all are entitled
* Issues that may have contributed to a household’s homelessness can best be addressed once they are housed
* People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible without preconditions of treatment acceptance or compliance for issues such as mental health and substance use
* The service provider working with the individual should connect the client to robust resources necessary to sustain that housing, and participation is achieved through assertive engagement, not coercion

To be considered “Housing First,” the program must meet the following minimum expectations:

1. **The program must focus on quickly moving residents to permanent housing**
2. **The program may not screen out clients for:**
   * Having too little or no income
   * Active or history of substance abuse
   * Having a criminal record
   * History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
3. **The program may not terminate clients for:**
   * Failure to participate in supportive services
   * Failure to make progress on a service plan
   * Loss of income or failure to improve income
   * Being a victim of domestic violence

By completing and signing this agreement, I (full name), as the authorized representative for (project), agree that our project will utilize a housing first approach for this grant. I understand that if the project is found to be in non-compliance with housing first, that the Mayor’s Office of Homeless Services will take corrective action up to and including termination of funding.

**Name of Agency:**

**Name of Applicant’s Authorized Representative:**

**Authorized Representative’s Title:**

**Signature of Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_